



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene

Larry Hogan, Governor - Boyd Rutherford, Lt. Governor - Van Mitchell, Secretary

June 9, 2015

Dear Colleagues,

DHMH wants to make Maryland clinicians aware of a recent HIV and HCV outbreak situation in Indiana because of the potential for a similar occurrence in Maryland.

Large HIV/HCV Outbreak in Rural Indiana among Individuals Injecting Prescription Opioids

On January 23, 2015, Indiana State Department of Health began investigating an alarming HIV outbreak in a small rural community where many were injecting crushed/dissolved 40 mg oxymorphone tablets and sharing injection equipment. HIV rates among those tested (over 200) are 47%, with 158 new cases to date. The reported daily numbers of injections ranged from four to 15, with the reported number of injection partners ranging from one to six per injection event. In addition, over 80% of the HIV cases have tested positive for hepatitis C virus (HCV).

As stated in the recent CDC MMWR,

(http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6416a4.htm?s_cid=mm6416a4_e),

“This HIV outbreak involves a rural population, historically at low risk for HIV and HCV, in which HIV infection spread rapidly within a large network of persons who injected prescription opioids.... and highlights the vulnerability of many rural, resource-poor populations to drug use, misuse, and addiction, in the context of a high prevalence of unaddressed comorbid conditions. The outbreak also demonstrates the importance of timely HIV and Hepatitis C surveillance activities and rapid response to interrupt disease transmission. Finally, the outbreak points to the need for expanded mental health and substance use treatment programs in medically underserved rural areas.”

Maryland Recommendations

Maryland DHMH recommends all providers, especially those in rural areas that typically have lower HIV rates, to be on heightened alert for HIV infection among patients abusing prescription opioids, and to test for HIV and HCV, with reporting to local health departments at:

<http://dhmh.maryland.gov/SitePages/Contact%20Us.aspx>.

Maryland’s rural locations may be at risk for such an outbreak due to the following:

- A 76% increase in opioid-related deaths between 2010 and 2014, and
- Significant levels of injection drug use as a means of HIV transmission in Maryland’s rural regions (17% in Eastern, 11% in Southern, and 14% in Western).

Therefore, clinicians should be on alert for similar infections and outbreaks in our state. DHMH asks clinicians for timely reporting of new HIV and HCV cases and recommends that individuals reporting injection drug use or seeking substance abuse treatment be screened for HIV and HCV and provided with appropriate referrals to local services.

HIV Testing Recommendations

CDC guidelines recommend testing all persons 13-64 for HIV at least once, as well as all patients initiating TB treatment or seeking STD treatment, and all pregnant women. More frequent testing should be performed on persons at increased risk (i.e., injection drug users and their sex partners, persons who exchange sex for money or drugs, sex partners of HIV-infected persons, and men who have sex with men or heterosexual persons who themselves or whose sex partners have had more than one sex partner since their most recent HIV test).

(<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5514a1.htm>)

Hepatitis C Testing Recommendations

CDC guidelines recommend testing all persons born 1945-1964 for HCV once, as well as persons who currently or ever injected drugs, received clotting factors before 1987, were ever on long-term hemodialysis, with persistently abnormal alanine aminotransferase (ALT) levels, have HIV infection, were recipients of transfusions or organ transplants before July 1992 or from a donor who later tested positive for HCV, or with a recognized exposure.

(<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6104a1.htm>)

Signs and Symptoms of Acute HIV Infection

DHMH urges clinicians to be aware of the signs and symptoms of acute HIV infection, which generally occur 2-6 weeks after exposure (<https://aidsinfo.nih.gov/guidelines/html/1/adult-and-adolescent-arv-guidelines/20/acute-and-recent--early--hiv-infection>):

- Fever
- Lymphadenopathy
- Skin rash
- Myalgia/arthralgia
- Headache
- Diarrhea
- Oral ulcers
- Leukopenia
- Thrombocytopenia
- Elevated transaminases

Differential diagnosis: The differential diagnosis of patients presenting with HIV-1 infection includes viral illnesses such as Epstein-Barr virus (EBV) and non-EBV (e.g., cytomegalovirus) infectious mononucleosis syndromes, influenza, viral hepatitis, streptococcal infection, or syphilis.

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Thank you for your vigilance to this important issue. The identification of outbreaks such as this are often the result of astute clinicians identifying a rise in infections, and we ask for your assistance.

Sincerely,

A handwritten signature in cursive script, appearing to read "Lucy E. Wilson".

Lucy E. Wilson, M.D., Sc.M.

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Prevention and Health Promotion Administration

Maryland Department of Health and Mental Hygiene